

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2013 OF THE CONDITION AND AFFAIRS OF THE

Vantage Health Plan of Arkansas, Inc.

·	rent Period) ,(Prior	Period) NAIC Compan	y Code15127	_ Employer's ID Number	46-2098452
Organized under the Laws of	,	Arkansas	, State of Domicile or F	Port of Entry	Arkansas
Country of Domicile			United States		
Licensed as business type:	Life, Accident & Healtl	h [] Property/Ca	asualty [] Hos	spital, Medical & Dental Se	ervice or Indemnity []
	Dental Service Corpor		ice Corporation [] Hea		,
	Other []		ederally Qualified? Yes [· ·	
Incorporated/Organized	01/31/	/2013 C	commenced Business	01/01/2	014
Statutory Home Office	420 Da	Ciand Charact Cuita 200		Manuac I A LIC 7	1004
oldidiory frome office		Siard Street, Suite 300 (Street and Number)	,	Monroe, LA, US 7' (City or Town, State, Country and	
Main Administrative Office			130 DeSiard Street, Suite	300	
Mo	nroe, LA, US 71201		(Street and Number)	318-361-0900	
	wn, State, Country and Zip Cod	e)	(Are	ea Code) (Telephone Number)	
Mail Address	130 DeSiard Stre		_,	Monroe, LA, US 71201	
D:	(Street and Number	r or P.O. Box)	`	ity or Town, State, Country and Zip	Code)
Primary Location of Books a	na Kecoras		130 DeSiard Str (Street and	·	
Mo	nroe, LA, US 71201 wn, State, Country and Zip Cod	,	,	318-361-0900	
(City or Tov Internet Web Site Address	vii, state, Country and Zip Cod	e)	(Area Cod	le) (Telephone Number) (Extensio	n)
		Challa II. Cunik	IN/A	240 204 0000 442	4
Statutory Statement Contact		Chelle H. Cupit (Name)		318-361-0900-1124 (Area Code) (Telephone Number)	
c	cupit@vhpla.com (E-Mail Address)			318-812-9987 (Fax Number)	
				,	
N		OFFIC			T:11
Name Patrick Gary Jones		Title President	Name Mike W. Breard	d Evocu	Title tive Vice President
Michael John Sampogr		Secretary	Corbin Jefferson To		rice President
1 0		OTHER OI			
Rhonda R. Haygood	J, Chie	f Financial Officer		,	
		DIRECTORS O	R TRUSTEES		
Patrick Gary Jones		el John Sampognaro	Corbin Jefferson To		Havard Dyess (Alt)
William Thomas Fergus Terri Hoover Odom		Brown Reynolds (Alt) el James Belue (Alt)	David Art Yarbrou Reba Nolan		rd Odell Coleman eph Barron (Alt)
Ronald Paul Koepke		ott K McClelland	John Michael Ca		atthew Debnam
State of	Louisiana				
County of	Ouachita	SS			
The officers of this reporting en- above, all of the herein describe that this statement, together wi- iabilities and of the condition ar- and have been completed in ac- may differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in addition	ed assets were the absoluth related exhibits, schedul affairs of the said reported reported reported at the NAIC Arest or regulations require diely. Furthermore, the scopt (except for formattir	te property of the said reporting ules and explanations therein of ting entity as of the reporting pe nual Statement Instructions and fferences in reporting not relate be of this attestation by the desi- ng differences due to electronic	entity, free and clear from an contained, annexed or referred eriod stated above, and of its in a counting Practices and Properties and to accounting practices and properties and officers also includes the content of	ny liens or claims thereon, exid to, is a full and true staten income and deductions therefocedures manual except to the procedures, according to the related corresponding elections.	cept as herein stated, and nent of all the assets and from for the period ended e extent that: (1) state law e best of their information tronic filing with the NAIC
Patrick Gar	y Jones	Mike W.	Breard	Michael John S	Sampognaro
Presid	ent	Executive Vio	e President	Secre	tary
Subscribed and sworn to b 26th day of	pefore me this February, 2014	_	b. If no: 1. State 2. Date		Yes [X] No []
Robert J. Bozeman, Notary P	ublic		3. Num	ber of pages attached	
At Death					

Exhibit 2 - A&H Premiums Due and Unpaid NONE

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

Exhibit 4 - Claims Unpaid

NONE

Exhibit 5 - Amounts Due From Parent, Subs

Exhibit 6 - Amounts Due To Parent, Subs

Exhibit 7 - Part 1

NONE

Exhibit 7 - Part 2

NONE

Exhibit 8

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	301,000		301,000
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance		0	0
5.	All other admitted assets (Balance)	0		0
6.	Total assets (Line 28)	301,000	0	301,000
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	0	0	0
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	0		0
15.	Total liabilities (Line 24)	0	0	0
16.	Total capital and surplus (Line 33)	301,000	XXX	301,000
17.	Total liabilities, capital and surplus (Line 34)	301,000	0	301,000
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					isiness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						-
5. California			-				-
6. Colorado	CO						-
7. Connecticut							-
8. Delaware							-
9. District of Columbia	DC						
10. Florida			-				-
11. Georgia	GA		-				-
12. Hawaii							-
13. Idaho							
14. Illinois	IL		·			·	·
15. Indiana	IN		-			·	-
16. lowa	JA		-			-	-
17. Kansas			-			-	-
18. Kentucky							
19. Louisiana	LA						
20. Maine						ļ	-
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota	MN						
25. Mississippi							
26. Missouri	MO						.
27. Montana	MT						
28. Nebraska	NE						
29. Nevada							
30. New Hampshire							
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI		<u> </u>				
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN						
44. Texas	TX						
45. Utah	T						
46. Vermont	VT						
47. Virginia	VA						
48. Washington							
49. West Virginia							
50. Wisconsin	WI						
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico			1				
55. US Virgin Islands							
56. Northern Mariana Islands							
57. Canada							
58. Aggregate Other Alien							
59. Totals		0		(0	0	1

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

					,	,								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of					Type of Control			
						Securities					(Ownership,			
						Exchange if					Board,	If Control is	Ultimate	
		NAIC	Federal			Publicly	Name of		Relationship to		Management,	Ownership	Controlling	
Group		Company	ID	Federal		Traded (U.S. or	Parent Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney in Eact	Provide	Entity(ies)/	
Code	Croup Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Doroontogo		*
Code	Group Name	Code	Number	KSSD	CIK	international)	of Affiliates	Location	Entity	(Name of Entity/Person)	miliuerice, Other)	Percentage		
			00 0070040						D0	l, , , , , , , , , , , , , , , , , , ,		400.0	Vantage	
			20-0079910	-			Monroe Development, L.L.C.	LA	DS	Vantage Health Plan, Inc	Ownership	100.0	Holdings, Inc	
													Vantage	
			26-1517214				Affinity Health Group, L.L.C	LA	DS	Vantage Health Plan, Inc	Ownership	100.0	Holdings, Inc	0
													Vantage	
			72-1479756				Monroe Surgical Hospital, LLC	LA	DS	Vantage Health Plan, Inc	Ownership	57.0	Holdings, Inc	0
1			46 - 1878017				Vantage Holdings, Inc	.lLA	UDP	Shareholders	Ownership	100.0	None	0
								İ			'		Vantage	i
			72-1285713				Vantage Health Plan, Inc	LA	I A	Vantage Holdings, Inc	Ownership	100.0	Holdings, inc	1
							, , , , , , , , , , , , , , , , , , , ,			3.,				1
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Asterisk	Explanation

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46 - 1878017	Vantage Health Plan of Arkansas, Inc	Bividende	L(301,000)		7 (11111010(0)	COLVIDE COLLIDOR	- rigiteeriienie		Badiness	(301,000)	- ranon/Liabinty)
15127	46-2098452	Vantage Health Plan of Arkansas, Inc		301,000 [°]					ļ		301,000 [′]	
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9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.		SEE EXPLANATION
3.		YES
4.		YES
5	APRIL FILING Will Management's Discussion and Applysis he filed by April 12	YES
5. 6.		YES
7.		YES
•	JUNE FILING	
8.		SEE EXPLANATION
9.		SEE EXPLANATION
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	SEE EXPLANATION
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cooplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following ons.	de will be printed below. If
	MARCH FILING	
11.	,	N0
12.	••	N0
13.		N0
14.		N0
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	•	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
23.		N0
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION
Explar	nation:	
2. No	business written.	
8. No	business written.	
9. No	business written.	
10. No	business written.	
11.		
12.		
13.		
14.		

15.

16.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20 23 26 Bar code:

17

18

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

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